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Bib Data Sheet

CONFIRMATION NO. 6490

SERIAL NUMBER 09/912,201	FILING DATE 07/24/2001 RULE	CLASS 372	GROUP ART UNIT 2881	ATTORNEY DOCKET NO. 1650
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\***

GERMANY 100 36 283.4 07/26/2000

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 09/12/2001

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 3	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance Verifier and Acknowledged <i>Maurer Jost T N</i> Examiner's Signature Initials				

**ADDRESS**

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**TITLE**

Laser diode arrangement

FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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